



Northampton Aquatic & Family Center
at JFK Middle School, 100 Bridge Road, Florence, MA 01062



American Red Cross CPR-AED-First Aid Blended Learning Class

FALL 2018



American Red Cross Cardio Pulmonary Resuscitation (CPR), Automatic External Defibrillation (AED), and First Aid (FA) for Adults, Children, and Infants teaches you the skills to help during an emergency situation. The course is a blended learning program, where you learn most of the materials on line at your own pace, from 2-4 hours depending on program. The Face-to-Face portion is a one(1) class skills session where you practice and show proficiency in your skills.

Upon successful completion of this course you will receive an American Red Cross certificate which is valid for 2 years.

Space is limited. Upon registering you will receive the link for the online portion.

Dates:

Adult Only CPR/AED/First Aid Skill Session

Wednesday, September 5: 6:30 - 8:00 pm

Fee: \$60 / \$70 / \$80 (includes Breathing Barrier)

Fees listed in the order of AFC Member / Resident / Non-Resident

Pediatric Only CPR/AED/First Aid Skill Session

Wednesday, September 12: 6:30 - 8:00 pm

Fee: \$60 / \$70 / \$80 (includes Breathing Barrier)

Fees listed in the order of AFC Member / Resident / Non-Resident

Adult & Pediatric CPR/AED/First Aid Skill Session

Wednesday, September 19: 6:30 - 8:30 pm

Fee: \$70 / \$75 / \$85 (includes Breathing Barrier)

Fees listed in the order of AFC Member / Resident / Non-Resident

Professional Rescuer (CPRO) CPR/AED Skill Session

(For Police, Fire Fighters, EMTs, Lifeguards, Ski Patrollers and other Emergency Personnel)

Wednesday, September 26: 5:30 - 9:30 pm

Fee: \$90 / \$100 / \$110 (includes Adult & Infant Pocket Masks)

Fees listed in the order of AFC Member / Resident / Non-Resident

Completed registrations accepted at the AFC at JFK Middle School 100 Bridge Road, Florence, MA 01062
Mon-Fri 4-8pm, Sat 10am-4pm and Sun 11-4:00pm (587-1046) or
at the Northampton Parks and Recreation Department 100 A Bridge Road, Florence, MA 01062
Mon-Fri 8:30am-4:30pm 587-1040

Need More Information? email jmiller@northamptonma.gov

OVER FOR REGISTRATION FORM

NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM

DO NOT USE this form for Summer Day Camps, Youth & Adult Sports, or Birthday Party registrations: Download those packets at www.northamptonma.gov/recreation

Today's Date: ____/____/____

PLEASE PRINT LEGIBLY

☐ New to Northampton
Parks & Recreation

☐ I have updated my
Information

ADULT 1

Name _____

Address _____

City _____ St _____ Zip _____

Phone: (H) (____) _____ (W) (____) _____

Cell (____) _____

Email: _____

ADULT 2

Name _____

Address _____

City _____ St _____ Zip _____

Phone: (H) (____) _____ (W) (____) _____

Cell (____) _____

Email: _____

EMERGENCY CONTACT OTHER THAN PARENT

Name _____

Phone (____) _____

Photo Release: May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?

Yes ☐

No ☐

PARTICIPANT'S FULL NAME: _____

Male ☐ Female ☐

Date of Birth _____ School _____

Current Grade _____ or

Grade in Fall _____ for
programs after June

Program Name	Session	Day(s)	Level	Start Date	Basic Fee	Non-Res Fee	Total Fee
					\$	\$	\$
					\$	\$	\$

TOTAL FEE FOR PARTICIPANT

\$

PARTICIPANT'S FULL NAME: _____

Male ☐ Female ☐

Date of Birth _____ School _____

Current Grade _____ or

Grade in Fall _____ for
programs after June

Program Name	Session	Day(s)	Level	Start Date	Basic Fee	Non-Res Fee	Total Fee
					\$	\$	\$
					\$	\$	\$

TOTAL FEE FOR PARTICIPANT

\$

PASS PURCHASE

Pass	Pass Type	Pass Length	Fee	
Aquatic Center	Res: Adult Family Senior Youth	6 Month 12 Month	\$	
Musante Beach	Non-Res Adult Family Senior Youth	Beach Pass	\$	

**TOTAL
AMOUNT DUE**

\$

Pass Holder's Name(s)	Male/Female	DOB	Pass/Tag# Issued	Special Considerations/Comments (Use back if necessary)
_____	Male/Female	_____	_____	_____
_____	Male/Female	_____	_____	_____
_____	Male/Female	_____	_____	_____
_____	Male/Female	_____	_____	_____
_____	Male/Female	_____	_____	_____

Charge my VISA ____ Master Card ____ Discover ____ Card # _____ Expiration _____

Name on Card _____ Signature _____

Office Use Only: Amt Rec'd \$ _____	Cash _____	Check # _____	Credit _____	Date _____	RT Date _____	Staff _____
Amt Rec'd \$ _____	Cash _____	Check # _____	Credit _____	Date _____	RT Date _____	Staff _____